Lessons

on community-based reproductive health approach

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Meeting adolescents’ needs

10 years after ICPD

Countries increasingly recognize adolescent reproductive health needs

SUMMARIZING THE progress ten years after nations convened at the International Conference on Population and Development (ICPD), the UNFPA report on the State of World Population 2004 claimed that countries are increasingly recognizing the reproductive health needs and rights of adolescents.

Ninety-two per cent of countries had taken action in terms of laws and policies, services and education. Many had adopted a holistic approach to adolescent and youth programmes, dealing with the larger context of socio-economic realities, poverty and livelihoods.

Despite the positive progress, attention should continue to be given to five key adolescent health and development concerns:

• Adolescent pregnancy
• Risks of STIs and HIV/AIDS
• Heightened risks for married adolescents (pressure to start childbearing, limited contraceptives, risks of STI and HIV infection from older husbands)
• Among the constraints in the promotion of behaviour change, provision of reproductive health services for the young remains controversial in some countries. Even more challenging is how to make these services youth-friendly, meaning they are culturally appropriate; honour dignity, privacy and confidentiality; offer convenient hours and locations; and keep fees affordable, among other features.

Over the next ten years, the four priority actions to be carried out in the area of adolescent reproductive health are as follows:

• Intensify all efforts to reach all adolescents in need, including married adolescents and those not in schools.
• Increase youth participation in programme design, implementation, and monitoring, and in policy processes.
• Expand the comprehensive approach to youth programming and development.
• Scale up current efforts.

The ICPD in 1994 gave unprecedented attention to adolescent reproductive health, and ten years later, countries have made significant progress to address related issues. But the struggle to empower adolescents has just begun.

**Recommendations**

**Sri Lanka Youth Summit 2004**

We, the participants of the RHIYA Youth Summit, 7-12 November 2004 in Sri Lanka, have the following recommendations to policy makers and NGOs active in the field of young people’s reproductive health and rights:

### Education

Lack of education and information is one of the main causes of reproductive health problems such as HIV/AIDS, STDs and unwanted pregnancies. Therefore, we urge to take the following actions:

- Realize compulsory reproductive health education in schools.
- Organize reproductive health and rights training classes and discussions in factories, youth-friendly centres, street parks, crowded planes and brothels, where attractive and understandable information, education and communication (IEC) materials are provided and distributed widely, including materials about alcohol and drug abuse.
- Provide training for young people on fund-raising and management in order to guarantee the sustainability of the projects.
- Persuade parents, teachers, religious and community leaders by offering them training to encourage youth about getting sexual and reproductive health information.
- Initiate the recruitment of prostitutes to become peer educators.

### Youth-friendly services

Youth-friendly services that are confidential, non-judgmental, professional, accessible and affordable are indispensable to safeguard young people’s reproductive health. We recommend the following to realize youth-friendly services for all young people:

- Set up more youth-friendly health centres and counseling, especially in the rural areas.
- Promote voluntary testing for STDs and HIV/AIDS among youth.
- Provide clean needles for drug addicts.
- Provide condoms and contraceptives in as many places as possible (public restrooms, pubs, restaurants, hotels, public transport and clubs), including the setting up of condom vending machines.

### Unsafe and unwanted pregnancy

Unsafe and unwanted pregnancy remains one of the greatest risks to, in particular, young women’s health, resulting in more than half a million pregnancy-related deaths every year worldwide. The prevention of unwanted pregnancies through education and services is very important for young people. In order to protect girls and women’s health and safeguard the stability of the community we recommend:

- To guarantee education on prevention of unsafe and unwanted pregnancy as well as counseling; and
- To sensitize and educate medical and health-care staff on the need for counseling on unwanted pregnancy and related complications.

### HIV/AIDS

Providing reproductive health education and youth-friendly services is a necessary step to prevent HIV and AIDS. Furthermore, people living with HIV and AIDS should receive the highest quality of medical care. On top of that we have two more recommendations:

- Special attention should be given to pregnant, infected women and their (unborn) babies. Pregnant women living with HIV or AIDS should be provided with appropriate medical care and information to reduce the chance of transmitting the virus to their babies.
- Stigma and discrimination of infected people should be actively fought against, by providing correct information about HIV transmission and raising awareness.

### Youth Participation

According to the International Conference on Population and Development (ICPD) Programme of Action, young people have the right to participate in policy-making, programmes and projects on issues that affect young people. In order to participate fully, young people should have knowledge, skills and support. We recommend the following to realize youth participation in all levels of decision-making:

- Encourage young people, who have been working in this field, to train new peer educators; hire young youth coordinators; and establish a fixed number of young FPA (Family Planning Association) staff.

- Support the establishment of youth networks that promote RH issues at the regional, national and international level by organizing various events like youth conferences and exchange activities.
- Support the establishment of an Internet youth forum.
- Support regular exchange between peer educators of the RHIYA project from different countries.
- Encourage youth participation in official meetings, seminars and conferences in this field.
- Support training on advocacy and youth participation for young people by young people, e.g. YouAct.

### Gender Equality

Gender equality is not given enough attention. However, the empowerment of women is extremely important to achieve reproductive health, gain economic growth and reduce poverty. To promote gender equality we recommend the following:

- Raise awareness about violence against women in the media.
- Outlaw forced and early marriages.
- Develop good legislation for women’s rights (including gender equality, choice of contraceptive methods and educational opportunities) and enforce these laws.
- Promote positive discrimination.
- Improve the self-awareness of women.

### Additional Recommendations

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- To sensitize and educate medical and health-care staff on the need for counseling on unwanted pregnancy and related complications.

Recommendations

Sri Lanka Youth Summit 2004

Attending the Youth Summit in Negombo, Sri Lanka, were 70 young peer educators from Asia as well as 10 members of YouAct, a European youth network on sexual and reproductive rights. A team from the Reproductive Health Initiative for Youth in Asia (RHIYA), the Family Planning Association Sri Lanka (FPA SL) and UNFPA Colombo staff facilitated the activity.

The programme incorporated a healthy mix of fun and hard work on various themes including information, education and communication (IEC), empowerment, and problem tree analysis. Throughout the week-long event, participants worked on special activities of their interest, such as theatre, the newsletter or video of the Summit, and IEC material development.

Daily reports were prepared for publication through the UNFPA Web site with video clips of youth talking about reproductive health barriers, empowerment and HIV/AIDS. (See www.unfpa.org/eu_partnership/youthsummit/index.htm)

At the end, the Summit participants brought home their action plans in the seven countries – Bangladesh, Cambodia, Lao PDR, Nepal, Pakistan, Sri Lanka and Viet Nam – where RHIYA operates.
RANGING FROM 14 to 21 years of age, 389 delegates met at the First Asia-Pacific Adolescent and Youth Sexual and Reproductive Health Camp in Olongapo City, Philippines, from 18 to 22 October 2004.

The camp was an interactive learning and fun-filled meeting for young people. Coming from 13 countries – Afghanistan, Bhutan, China, India, Indonesia, Kyrgyzstan, Lao PDR, Nepal, Philippines, Samoa, Tajikistan, Thailand and Viet Nam – the participants shared experiences, ideas and knowledge on reproductive health and rights. They understood the different reproductive health issues and challenges affecting young people today. The camp also strengthened young people’s commitment to implement and participate in reproductive health initiatives within the Asia-Pacific region.

Four major topics were discussed during the camp: “Me and My Sexual Health” provided insights on the threats associated with risk-taking behaviour and its consequences. “Me and My Reproductive Rights” helped participants identify and determine strategies for the protection of their reproductive rights. “Youth Governance” provided a forum to clamour for policies and programmes to address reproductive health issues among young people. “Advocating for Adolescent Sexual and Reproductive Health” introduced basic advocacy techniques and skills to the participants.

With the theme “Sharing and Learning Together as Responsible Young People,” the camp was spearheaded and organized by the Philip - David and Lucile Packard Foundation, European Union (EU), United Nations Information NGO Support Program, Inc. (PHANSUP) in collaboration with the United Nations Population Fund (UNFPA) and the Commission on Population (POPCOM). Other partner organizations included the Foundation for Adolescent Development (FAD), Family Planning Organization of the Philippines (FPOP) and Trade Union Congress of the Philippines (TUCP).

Source: Tomas M Osias, Executive Director Commission on Population Department of Health Mandaluyong, Metro Manila

Sample Action Plans
by EU/UNFPA RHIYA Youth Summit 2004 country representatives

Bangladesh
Establish a network of peer educators from all parts of the country.

Cambodia
Perform drama and distribute condoms to targeted young people during the Water Festival.

Lao PDR
Organize a youth camp for peer educators.

Nepal
Organize follow-up meetings to share the experiences and outcomes of the Youth Summit within RHIYA project areas.

Pakistan
Share with the Ministry of Youth and Sports the Youth Summit Recommendations so they could be incorporated in the upcoming National Youth Policy.

Sri Lanka
Develop a mechanism for youth to participate in policy and decision-making levels in relation to programmes on reproductive and sexual health for young people.

Viet Nam
Collaborate with local newspapers to write and update news on RHIYA and youth activities.

AN INTEGRATED communication package promoting adolescent reproductive health (ARH) in Bangladesh was named “Best Combined Media Effort” in the Global Media Awards for Excellence in Population Reporting by the Population Institute.

The Bangladesh Center for Communication Programs (BCCP) created the “Know Yourself” multimedia package with technical assistance from Johns Hopkins Bloomberg School of Public Health’s Center for Communication Programs (CCP), the Health Communication Partnership (HCP), and several local partners including an ARH Working Group. Supported by the U.S. Agency for International Development’s Mission to Bangladesh, the project received its award at a ceremony held on 4 December 2004 in Rabat, Morocco.

The project’s integrated approach was developed through a participatory process with Bangladeshi adolescents, who added invaluable nuances, insights and perspectives at every stage – from programme design to story development to the production of materials. It aimed to raise the age of first pregnancy and sexual debut; decrease risky sexual behaviours; reduce sexually transmitted infections (STIs) and HIV transmission; delay age at marriage; and decrease maternal mortality.

“Know Yourself’s” multimedia components included question-and-answer booklets on puberty, sexuality, unwanted pregnancy, HIV/AIDS, STIs, and other family health information; four 26-minute interactive videos that feature adolescents; colour-coded facilitator’s guides; comic books that allow programmers to address sensitive issues; and national television and radio magazine programmes featuring adolescents hosting a variety show.

ARH project honoured by Population Institute

“This Know Yourself programme wins best combined media effort award”

Source: (www.jhuccp.org/pressroom/2004/10-15.shtml) Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health, Maryland, USA

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NATIONAL NEWS

CHEMS

Media expert in reproductive health information for the young

NAME SOME of today’s popular media in Cambodia and you will find them skillfully used by the Cambodia Health Education Media Service (CHEMS) to carry out its mission. Established in 1998 as a special project of Health Unlimited, CHEMS focuses on providing sexual and reproductive health information and advice for young people.

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Photo credit: Lichelle Carlos

Source: Tomas M Osias, Executive Director Commission on Population Department of Health Mandaluyong, Metro Manila

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CHEMS (cont’d)

Among its effective programmes, CHEMS airs two radio shows where young people can phone or write in for advice on sexual and reproductive health issues. Broadcast four days a week, “Especially for You, Young People” presents health-related topics, followed by discussions with listeners. The radio soap opera “Lotus on a Muddy Lake” deals with health and social issues affecting young people in rural and city settings. Supplementing the radio shows is a bimonthly column in one of the country’s most-liked youth magazines. The show and column contents are also available in Cambodian language on www.cambodiacc.org.

Equipped with an in-house studio, CHEMS is capable of producing video spots and documentaries to support its serial media campaign activities. One of its recently released materials is the video “Choice, Decision, Youth RH Rights” under the media campaign on youth sexual and reproductive health rights. Also available is a campaign sheet highlighting stories of people living with AIDS as well as fictional narratives lifted from the radio dramas produced by CHEMS.

For its community outreach activities, CHEMS is active in organizing focus groups, youth networks and community theatres. Members of the focus groups are trained in personal communication, advocacy, life skills and media skills, enabling them to pass on what they have learned to their peers. On another objective, CHEMS sets up and trains the Youth Network of Kampong Speu Province to advocate for the rights of youth to reproductive health services and information at community and national levels. Supporting a similar objective, village volunteers are trained to write scripts and perform for community theatres with a message on encouraging the use of health centres and services.

An expert in its field, CHEMS runs media skills training in video production, radio programme development and other activities with other organizations.

CHEMS enjoys international support from the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP). CHEMS is also a partner of the United Nations Population Fund (UNFPA) programme “Youth RH Rights” under the “Youth RH Rights” under the Young People’s Project, funded by the Global Fund of the United Nations.”

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China

Better schooling for migrant children

About 20 million children flow from the countryside into cities each year to accompany their parents who seek for new jobs.

Migration to cities comes with a price on children’s education, but the Chinese government is now trying to change this.

Lower fees. The Beijing Municipal Education Commission ruled to cancel the extra fees charged for the schooling of migrant children up to junior secondary level. Before the ruling took effect in September 2003, public schools in China collected extra fees on top of regular tuition costs from migrants lacking residency papers.

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Formation of young women groups. The project organized young women into social support groups or networks. So far, 19 groups with 500 members from 13 villages have met in public twice a month for participatory exercises. The meetings were designed to raise awareness on various topics including gender issues, empowerment, decision-making, negotiation, group involvement, self-confidence, savings as well as reproductive health issues. Exposure visits to banks, post offices, civic amenities and other organizations working with adolescents were also organized.

Deepak Foundation helps first-time parents

The first-birth experience, along with new marriage, brings health vulnerability. At the same time, couples tend to be more open to information and changes that lead to a set pattern of reproductive health behaviour. Backed by this rationale as well as studies of expecting or first-time mothers, the Deepak Foundation began implementing the First-Time Parents project initiated by the Population Council.

An integrated package of health and social interventions for married adolescents is being run in two sites in Calcutta and Vadodara. The current project beneficiaries are newly-married couples and first-time parents in 13 villages around Nandesar, with a population of 23,000. Here is a picture of what has been going on:

Information provision. From October 2002 until September 2004, female health workers visited the homes of 1,300 women to provide birth-care information. First-time mothers who wished to deliver their babies at home also received medical check-ups from a nurse.

Facilitating the use of existing health services. In coordination with government clinics, the First-Time Parents project conducted monthly gynaecological and counseling services for eligible couples. Service providers and traditional birth attendants were also provided sensitization training on safe delivery practices.

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First-time expecting parents receive birth care from health workers.
CHEMS (cont’d)

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Source: Chhieng Yuth, Cambodia Health Education Media Service (CHEMS)

Health Unlimited, Phnom Penh

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Improved standards. To fight the high cost of education and to guard their children from social discrimination in some public schools, most migrant parents prefer to send their children to migrant schools. Usually located in the city outskirts, many such schools do not offer adequate facilities or instruction. Instead of closing them down, the government is planning to improve the teaching standards of migrant schools within a year.

Education grant. Since the second semester of 2003, China’s Project Hope had granted 600 yuan (US $73) each to 15,000 migrant children. This education grant was distributed to 27 cities including those that attract most migrant workers – Beijing, Shanghai, Shenzhen, Nanjing, Shenyang and Ningbo.

In a related action, the Ministry of Education is asking local governments and educational departments to establish special funds for migrant children’s compulsory education.

Equal opportunities. The National Working Committee on Women and Children of China worked with UNICEF to implement a migrant children’s protection project in Wuxi, Jiangsu Province. The project aimed at exploring new ways of dealing with migrant children’s problems, and providing them with equal educational opportunities as that of local children.

Source: Rong Lei / Du Yue, Deputy Secretary General, National Committee (NATCOM) of the People’s Republic of China for UNESCO, Beijing

India

The first-birth experience, along with new marriage, brings health vulnerability. At the same time, couples tend to be more open to information and changes that lead to a set pattern of reproductive health behaviour. Backed by this rationale as well as studies of expecting or first-time mothers, the Deepak Foundation began implementing the First-Time Parents project initiated by the Population Council.

An integrated package of health and social interventions for married adolescents is being run in two sites in Calcutta and Vadodara. The current project beneficiaries are newlywed couples and first-time parents in 13 villages around Nandesari, with a population of 23,000. Here is a picture of what has been going on:

Information provision. From October 2002 until September 2004, female health workers visited the homes of 1,300 women to provide birth-care information. First-time mothers who wished to deliver their babies at home also received medical check-ups from a nurse.

Facilitating the use of existing health services. In coordination with government clinics, the First-Time Parents project conducted monthly gynaecological and counseling services for eligible couples. Service providers and traditional birth attendants were also provided sensitization training on safe delivery practices.

Formation of young women groups. The project organized young women into social support groups or networks. So far, 19 groups with 500 members from 13 villages have met in public twice a month for participatory exercises. The meetings were designed to raise awareness on various topics including gender issues, empowerment, decision-making, negotiation, group involvement, self-confidence, savings as well as reproductive health issues.

Exposure visits to banks, post offices, civic amenities and other activities with other organizations.

Source: Chhieng Yuth, Cambodia Health Education Media Service (CHEMS)

Health Unlimited, Phnom Penh

Deepak Foundation helps first-time parents

First-time expecting parents discuss birth plan with health worker.
First-time parents (cont’d)

Two leaders were trained in managing their own groups, leading participatory exercises, and using information and communication materials. Furthermore, two groups established a “health emergency fund” for pregnant women and sick children or husbands.

Involving the male counterparts. Where does this leave the young men and husbands? Male health workers visited them individually at their homes and met them together once a month. The newlywed men were counseled on the value of husband care during pregnancy, fatherhood responsibilities, and other birth issues.

Finally, awareness programmes for the community were arranged through world celebrations, such as Safe Motherhood Day, Nutrition Week and Breastfeeding Week. These incorporated exhibitions, role-plays, street plays and health camps. Couple picnics were set up to provide newlyweds with an enabling environment for communication.

Source: Bimal Raj Bux, Sr. Project Officer, Adolescent Project, Deepak Charitable Trust, Vadodara, India

IPPA celebrates International Youth Day

When Barcelona hosted “The World Youth Festival” as part of the International Youth Day (IYD) celebration on 12 August 2004, the rest of the world did not just stand and watch. For one, the Indonesian Planned Parenthood Association (IPPA) used the occasion to introduce and strengthen adolescent reproductive health and rights issues.

Bearing the theme “Youth in an Intergenerational Society” the youth day celebration was linked with the anniversary of the International Year of the Family. IPPA, as part of the International Planned Parenthood Federation (IPPF) declared its commitment to youth and held a Global Roundtable at QEI Centre in London – Youth Day, Countdown 2015, with the theme “Youth Citizenship: Practising our Sexual and Reproductive Rights.”

The first of two objectives for this year’s celebration was to improve public awareness on adolescent reproductive health. The mass media campaign focused on messages such as “No premarital sex” and “Be yourself.”

Almost all youth centres under the IPPA management in Indonesia took part in the IYD occasion. A fun walk attracted the young people in Tasikmalaya, West Java, to attend the IYD celebration loaded with music presentation and messages on avoidance of premarital sex. In Cirebon of West Java and Kupang of East Nusa Tenggara province, quizzes on ARH issues effectively gathered students for the IYD. Surprisingly, junior high school students in Kupang won over their senior counterparts. In Central Java, the youth centre organized the “Funky and Health Aerobics” with live music as well as the talk show “Youth Talks about Love ‘n Sex” in a famous café.

The second objective of the IYD celebration was to gain government support at national and subnational levels for ARH, especially access to information and services for young people, both in and out of schools. At the national level, IPPA took part in the UN IYD programme attended by the Ministers of Health, Social Affairs and Education. Participants including peer educators and counselors from IPPA, sex workers and people with HIV/AIDS, engaged in intensive dialogue.

Supportive of the IYD cause, local governments arranged “Youth Talk” shows in Bandung, West Java; Kupang, East Nusa Tenggara; Palembang, South Sumatera; and Pontianak, West Kalimantan. The press conference in Bandung’s youth centre drew the participation of various stakeholders, among them a celebrity advocating for reproductive health and a political party activist. The talk show organized by the youth centre in Kupang was televised throughout the province. The IYD event at Palembang was attended by the Governor who issued supporting statements for the youth.

True to the theme of IYD this year, the celebration in Indonesia strengthened IPPA’s role in facilitating intergenerational relations.

Source: Inne Silviane, Executive Director, Indonesian Planned Parenthood Association, Jakarta
First-time parents (cont’d)

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Source: Bhairavi Buch, Sr. Project Officer, Adolescent Project, Deepak Charitable Trust, Vadodara, India

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Source: Inne Silvante, Executive Director, Indonesian Planned Parenthood Association, Jakarta
Mongolia
NGOs adopt “child-to-child” strategy for HIV/AIDS education

NGOs in Mongolia have integrated the “child-to-child” approach in their work with children. In this approach, children involved in the projects provided HIV/AIDS/STI prevention and sexual health education to their peers using different methods, such as training workshops, discussions, field trips, campaigns, and competitions. The child-to-child approach was introduced by Ms Grazina Bonati, an expert from the International HIV/AIDS Alliance, during a meeting organized by the National AIDS Foundation (NAP) in Darkhan, Mongolia, from 7 to 9 September 2004. Ms Grazina has been conducting child-to-child workshops for NAF’s partner NGOs since 2000 to help them mobilize Mongolian communities to respond to HIV/AIDS/STI.

The latest workshop was attended by NGO project implementers, more than half of whom were children. The event was a venue for the implementers to discuss the challenges, results, and successes of a child-to-child approach. The workshop also provided an orientation on programme strategies for monitoring and evaluation.

Among the many challenges that children project implementers presented in the meeting were: lack of support from parents and teachers; conflict with studies, peer pressure; and lack of self-confidence. These difficulties were addressed by an action plan and schedule developed by the children themselves. To boost their support and confidence, the children invited their parents and teachers to the project’s activities and worked out a close collaboration with health workers.

Source: B. Bolor
Programme Manager
National AIDS Foundation

Solomon Islands
Highlights of ARH activities

REACHING OUT to communities and schools kept the Adolescent Reproductive Health (ARH) Project team of the Solomon Islands busy in the last quarter of 2004. Here are activity highlights:

1. Using religious networks to reach rural communities. On 15 October 2004, a two-day ARH workshop on sexually transmitted infection including HIV/AIDS was conducted for 40 young novices in Veranasa—a training school for the Melanesian Sisters of the Church of Melanesia. The novices welcomed the workshop because it prepared them for their pastoral work, where they will be visiting rural villages to conduct awareness programmes on the same sensitive topics discussed in the workshop. Twenty novices, now on their last year of training, will visit these earmarked provinces next year: Guadalcanal, Central Islands, Makira and Ullawa.

2. Strengthening ARH partners. The ARH Project collaborates with religious organizations to facilitate the dissemination of ARH information to target groups, especially young people in hard-to-reach and isolated provinces. In partnership with the ARH Project, six to eight members of the Honiara Youth Drama Group have been engaged in performances to raise HIV/AIDS awareness in nine peri-urban settlements of Honiara. Starting on 18 October 2004 at Lau Valley, the dramas so far have attracted more than 600 youth, adults, and children. Even working people were able to watch the shows usually held in the evenings.

The campaign was found informative, and the messages clear. Such positive feedback keeps motivating the young actors as they feel rewarding with religious organizations.

Pacific Islands
Strengthening ARH partners

The Adolescent Reproductive Health (ARH) Project team in Samoa conducted from 4 to 8 October 2004 an ARH/RH workshop targeting pastors’ wives. The workshop aimed to create alliances with this influential group so they can become strong advocates for ARH in communities and in the church. The participants, about 20 in all, actively contributed to the discussions and found the activity useful.

Moving on to work with another set of partners a week later, the same team conducted the Midwives and Nurses Reproductive Health Technical Training from 12 to 15 October 2004. The training was designed for capacity-building and upgrading of service providers’ knowledge and skills on reproductive health in both religious institutions and hospital settings.

The ARH Project collaborates with the National RH project in Samoa as well as other NGOs. In this way, the different agencies can plan together or integrate their activities, share resources, and motivate each other.

Source: Manu Nielevea
ARH Coordinator
Apia, Samoa

Nepal
Education Board workshop updates handbooks on population

Reproductive health integrated into handbooks

IN A WORKSHOP conducted from 15 to 21 April 2004, representatives of the Higher Secondary Education Board, UNFPA officials and subject experts systematically updated the school handbooks to match the recently revised curricula on Population Studies. Intended for the use of higher secondary education teachers in Grades 11 and 12, these handbooks now integrate adolescent reproductive and sexual health (ASRH) components and new core messages.

It was also agreed that changing adolescents’ attitude and practices on reproductive and sexual health demands strategies and activities beyond classroom teaching. Therefore, new strategies—life skills approach, peer approach, participatory approach, interactive interplay—added to a few units of the handbooks. Teaching techniques such as role-play, simulation, dramatization, teamwork and field work were introduced in the same units.

Attended by 17 participants, the five-day workshop was an achievement of the national programme on Integrated Adolescent Reproductive Health Education in School Curricula (NEP/02/P06).

Source: Ram Chandra Panday, Training Officer, Curriculum and Training Division, Higher Secondary Education Board, SanoThimi, Nepal

Handbooks on population (cont’d)
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Organized by the novices’ tutors, the workshop was conducted by the ARH Project Coordinator on a voluntary basis to build partnership with churches for the extension and integration of adolescent reproductive health programme into places beyond the project’s immediate reach. Teaming up with religious organizations facilitates dissemination of ARH information to target groups, especially young people in hard-to-reach and isolated provinces.

Source: Manu Niulevaea
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Photo credit: Lichelle Carlos

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Highlights of ARH activities (cont’d)
ed and more confident. Invitations are now being received for the group to perform at other communities and workplaces, including the Tobacco Company.

Introducing ARH counseling in Honiara high schools. In a first-of-its-kind workshop for school-teachers in the Solomon Islands, 17 participants from 11 high schools in Honiara developed a work plan to establish ARH counseling services in their respective schools. The plan also included working with the school administration and board of management to support school-based ARH counseling, informing students on ARH issues, and creating awareness on counseling services.

The workshop was conducted in collaboration with the Ministry of Education from 20 to 24 September 2004 at the Solomon Islands Christian Association Conference Room.

Vanuatu
Irene Malachai: Positive voice

As the first diagnosed case of HIV/AIDS in the country, Irene Malachai has a personal message with the island communities of Vanuatu. In early August, Irene visited Malekula – the Maskelyne Islands, Lamap, Azuruk and Lingarak – to give information about HIV/AIDS.

Irene talked to the communities in Bislama. She told people to use condoms and explained how they could help to prevent the spread of HIV and other sexually transmitted infections (STIs). “I explained to them that HIV/AIDS has the same route as STIs” and that “condoms could also reduce the incidence of teenage pregnancy,” which is also a big issue in Vanuatu.

The AIDS activist travels to Noumea for treatment as it is not available in Vanuatu, and she warned people of the expense. She also encouraged individuals to go for HIV tests so they would not discriminate her when her HIV status was made public. At the end, an offering was made to support her and her child who is also HIV positive.

Irene’s involvement in the ARH Project activities in Vanuatu proved very effective. She was a nurse, and sharing her experiences from a medical perspective was an advantage.

Source: Joe Karo, ARH Coordinator, ARH Project, Vanuatu / Pacific AIDS Alert Bulletin (PAA) No. 24 - 2004, SPC

Youth legislators defend their rights and health

The Sangguniang Kabataan (SK), a youth legislative council, won the approval of local officials in southern Philippines on proposed legislation for the recognition of adolescent reproductive and sexual health and rights. The local government further appropriated budgetary support for SK activities towards the implementation of ARSH-based projects. The SK is composed of duly elected youth council officials ranging between 15 and 19 years old.

This unique initiative was achieved through the Kartada Tres, a movement by SK members to claim adolescent sexual and reproductive rights and health. Kartada Tres was born in two southern provinces – Misamis Oriental and Lanao del Norte in Mindanao – altogether with 43 towns and three cities.

As part of the local government’s governing council, the SK directly participates in local policy and decision-making. It is on account of the SK’s strategic role that Kartada Tres sought to include the adolescents’ agenda on sexual and reproductive health among the local priorities of human development. Towards that vision, Kartada Tres wished to place information, ideas, and services in the hands of adolescents so that they would know their choices and the consequences of their choice.

The initial stages of building the SK’s capability began with workshops on personal development and oral communication, gender and sexuality, and adolescent sexual health. Equipped with that, the individual SK officials made privileged presentations to their local governing councils, which were pleased with the endeavor.

The Population Services Pilipinas Incorporated (PSPI), a national NGO, supports the Kartada Tres movement by helping SKs in building their capability and confidence, in organizing thematic forums and symposia in communities and schools, and in holding town-wide events, such as poster-making contests. These and similar efforts year-round have allowed the SKs to demonstrate leadership around their circles of influence.

Source: Rostom Deiparine / Virgilio L Pemito, Chief Executive, Population Services Pilipinas, Pasay City, Metro Manila
ed and more confident. Invitations are now being received for the group to perform at other communities and workplaces, including the Tobacco Company.

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The AIDS activist travels to Noumea for treatment as it is not yet available in Vanuatu, and she warned people of the expense. “They have to go for HIV tests so they would not be stigmatized by helping SKs in building their capacity, and adolescent sexual health. The local government further appropriated budgetary support for SK activities towards the implementation of ARSH-based projects. The SK is composed of duly elected youth council officials ranging between 15 and 19 years old.

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**Thailand**

HE Reproductive Health Division (RHD) of the Department of Health has collaborated with the Bansomdejchaopraya Rajabhat University (BSRU), an institute under the Ministry of Education, to promote and operate post-graduate training courses on adolescent reproductive health information and counseling. Funded by N.V. Organon of the Netherlands, this project is regarded as an effective and sustainable channel for empowering teaching professionals in the area of ARH.

To publicize the post-graduate training course, the RHD and BSRU organized a seminar on 25 June 2004 at Chao Phraya Park Hotel, Bangkok. A total of 217 university lecturers, school teachers, parents, and journalists attended the panel sessions conducted by adolescent health experts and adolescent peers. The ceremony was also graced by the presence of Dr. Kanchana Kanchanasinith, Deputy Director-General of the Department of Health, Deputy Minister of Public Health, and Dr. Sirikorn Maneerintr, Former Deputy Minister of Public Health.

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**Viet Nam**

**The Students** at the Dong My Continuing Education School, in the Trinh Tri District of Hanoi, are a restless lot. Crammed together in a makeshift auditorium, their high-pitched animated conversations reverberate around this airy two-storey building. But under the brash beat of pop music, idle conversations cease and all eyes are on the actors.

**Interactive Theatre**

**Shaping attitudes, changing minds**

This interactive theatre troupe is the liveliest and most widely known in the country. Today’s moderator is Dang Minh Thu, a stunning, petite young woman not much older than the members of the audience. Her job is to break the ice and engage these young people, getting them to open up and interact. Thu captivates them with provocative statements and poignant questions about adolescence, sexuality and, in no time, has teased out one of their main concerns – drug abuse. This poor neighbourhood of Hanoi’s bustling capital city, drug use is a common problem, so today’s interactive drama deals with this issue.

After the one-hour drama is over, some students hang around to ask Thu and other members of the troupe personal questions about their love lives, as well as the stigma of HIV/AIDS and drug abuse. Under the tutelage of Viet Nam’s bustling capital city, drug abuse is a common problem, so today’s interactive drama deals with this issue.

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The troupe was established in 2002, thanks to a grant from the Ford Foundation and the Dutch Government. The implementing agency is the Viet Nam office of the World Population Foundation (headquartered in Hilversum, The Netherlands) and its Vietnamese partners. Since its founding, 13 gifted young people have been recruited and trained in interactive theatre technique as well as in all sexual and reproductive health issues that affect adolescents.

The extensive training, lasting six months – two weeks of every month – not only turned rank amateurs into professional actors; it also moulded these young people into effective and highly motivated role models for their peers. Indeed, any of the troupe’s 13 active members can act out an entire series of mini-dramas on the trials and tribulations of adolescence, as well as explain complicated issues, such as how the HIV virus is transmitted and how to avoid it, in understandable terms.

“Another advocacy project that I know of has been able to reach so many young people with life-shaping messages. They do such a fantastic job of educating youth while entertaining them at the same time,” points out Do Thi Hong, Programme Officer for the World Population Foundation in Hanoi and the group’s mentor. “And this has made all the difference in getting adolescents to think about these issues and change their behaviour,” continues Hong.

The troupe, now a household name in Hanoi and its suburbs, averages 14 productions a month, or three to four per week. They perform nearly anywhere there is a receptive audience.
Health department teams up with university to offer ARH courses

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Deputy Minister of Public Health, and Dr. Kanchana Kanchanasinith, Deputy Director-General of the Department of Health. The seminar was effective because a number of participants expressed their intention to join the post-graduate training course. At present, 50 BSRU teachers and lecturers have already benefited from the training course, which was conducted in two batches. The training topics covered basic concepts of reproductive health and sexuality education, sexual development, human sexuality, and drug abuse. Creative and participatory methods, such as role-plays and brainstorming, were used to develop appropriate and effective teaching plans and interaction skills with adolescents. Good management and the expertise of professional trainers further boosted the training’s success.

In the long run, the RHD expects BSRU to adopt, develop and integrate this training course into the curriculum of undergraduate teaching programmes. BSRU is in the process of developing an undergraduate curriculum integrated with reproductive health information and counseling, which will be submitted to the BSRU Council for approval. The RHD is optimistic that this project will bring a healthy future to Thai adolescents. 

Source: Metee Pongkittlah, M.D., Director, Reproductive Health Division, Department of Health, Bangkok

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After the one-hour drama is over, some students hang around to ask Thu and other members of the troupe personal questions about their love lives, relationships and what they think about using condoms. As the final few file out, one of the students sums up his experience: “I didn’t know I could learn so much while being entertained.”

Delighted to hear this, the dynamic 22-year-old Thu says, “We try to open up the minds of young people and educate them on their roles and relationships and how to live healthy, happy lives.” She explains excitedly, “Since we deal with very sensitive topics, such as sexuality, relationships, love, as well as the stigma of HIV/AIDS and drug abuse, among many other issues, we are controversial.”

The troupe was established in 2002, thanks to a grant from the Ford Foundation and the Dutch Government. The implementing agency is the Viet Nam office of the World Population Foundation (headquartered in Hilversum, The Netherlands) and its Vietnamese partners. Since its founding, 13 gifted young people have been recruited and trained in interactive theatre technique as well as in all sexual and reproductive health issues that affect adolescents.

The extensive training, lasting six months – two weeks of every month – not only turned rank amateurs into professional actors; it also moulded these young people into effective and highly motivated role models for their peers. Indeed, any of the troupe’s 13 active members can act out an entire series of mini-dramas on the trials and tribulations of adolescence, as well as explain complicated issues, such as how the HIV virus is transmitted and how to avoid it, in understandable terms.

“No other advocacy project that I know of has been able to reach so many young people with life-shaping messages. They do such a fantastic job of educating youth while entertaining them at the same time,” points out Do Thi Hong, Programme Officer for the World Population Foundation in Hanoi and the group’s mentor. “And this has made all the difference in getting adolescents to think about these issues and change their behaviour,” continues Hong.

The troupe, now a household name in Hanoi and its suburbs, averages 14 productions a month, or three to four per week. They perform nearly anywhere there is a receptive audience.

**Viet Nam**
Interactive theatre (cont’d)

—in schools, universities, technical colleges, community centres, even in parking lots and parks. The schedule is hectic, and troupe members receive allowances only for travel and food, not for the time they spend on stage or in rehearsals.

The members of the troupe come from backgrounds as diverse and varied as the dramas they perform. The group’s scriptwriter, Xuan Nu, for instance, works for an accounting firm part-time, while Lan Anh, another member, is studying environmental science at the National University in Hanoi. The troupe’s director, Cao Dinh Tinh, works part time for another sexual and reproductive health education project in Hanoi.

Watching the troupe in action is a breathless, riveting experience. While Thu, as moderator, works up the students’ interests, throwing out provocative statements and giving straightforward answers to their questions, Xuan Nu dashes out a plausible scenario within ten minutes of being given the subject: drug abuse. While Thu continues to warm up the audience, the rest of the troupe, using the hallway as a backdrop, are busy absorbing their roles and preparing for three acts. Impressively, the dialogue is completely improvised.

The drama revolves around a teenage boy who has returned home after six months in a drug rehabilitation centre and how his family and friends treat him. Using a combination of subtle humour, slapstick comedy and pure adrenaline, the drama moves at fast pace. By the end of the third act, the returning drug addict has been ostracized by his two siblings and is blamed for the theft of his sister’s purse (stolen by one of his drug-addicted friends), and his mother is about to toss him out of the house again.

Following the last act, Thu discusses the underlying issues the play has brought to the surface, particularly the problems of re-entering family life and society after being institutionalized.

Notes: Thu: “often our skits generate intense reactions from the audience. We often have young people come up to us and say this particular character you portrayed is a mirror image of me.” We know then that the skit worked, that it hit home.

The troupe can perform instant skits on perhaps 50 different topics, making up the bulk of the dialogue as they go along. Every production is different, since the audience determines the subject to be covered and gets a chance to “direct” the play at certain key intervals. “We never know how a skit will actually end, because the endings are largely decided by our audience as we go along,” points out 25-year-old Nu.

Tackling sensitive issues, such as adolescent sexuality and the use of condoms, sometimes lands the group in hot water with local conservative community leaders. “Part of what we do,” says 20-year-old Lan Anh, “is educate officials, parents, teachers and others about these important adolescent health issues. It is important the entire community realize, for example, how critical it is that everyone, youth in particular, know how to prevent HIV/AIDS and other sexually transmitted diseases.”

Next day at Hanoi’s Youth House, a multipurpose youth centre run by the powerful Youth Union of Viet Nam, the troupe performs a short skit about a young man who visits a prostitute for his “first-time” sexual experience. The audience howls with laughter as the young man tries unsuccessfully to use a condom, and as each attempt sends it flying around the room. Though there are embarrassed giggles from the audience of adolescents, all eyes are fixed on the stage as the prostitute, played by Thu, demonstrates the correct way to use a condom, employing a cucumber as a prop. By building a humorous situation, the troupe was able to approach the subject of condom use in a way that was both appealing and educational at the same time.

Why is the troupe so committed to these issues? Xuan Nu, the writer of the group, explains their motivation. “We have learned so much from this experience,” she says. “But more importantly than personal growth and confidence we gain is the fact that we have a chance to actually influence the way young people think about these issues. We can change their behaviour in a way that adults could never do. And when we see the results, that spark of awareness, nothing else can compare to that feeling of accomplishment.”

Though the troupe’s no-nonsense approach to the many problems and challenges faced by adolescents sometimes riles community leaders, especially when they are talking about sex and contraceptives, senior level officials realize that with an AIDS epidemic hanging over their heads, the Hanoi Reproductive Health Theatre troupe is needed now more than ever. “If it didn’t exist,” laughs Hong, “we would have to invent it.”

Source: Don Hinrichsen / Do Thi Hong, Programme Officer World Population Foundation Hanoi, Vietnam

Community-based approach to reproductive health

Lessons learned from Myanmar

“Community-operated reproductive health approach” sounds like a big phrase, but the concept is really doable, effective and practical. Take it from the experience of the UNFPA-assisted intervention on behaviour change communication (BCC) in Myanmar.

The three key elements of this approach were: (1) advocacy within the community, (2) reproductive health education through youth volunteers, and (3) development of community youth centres.
Interactive theatre (cont’d)

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Lessons learned (cont’d)

For three years (2001-2003), the approach was pilot-tested in two sites (Kamasakit, Dallah Township and Sarmalauk, Nyaungdone Township), giving rise to a number of community-operated youth centres. The lessons from these pilot tests were described in a new publication by the UNFPA Country Technical Services Team in Bangkok.

Advocacy. The crucial support of community leaders was key to the community-based approach. Advocacy was carried out in the initial stage of implementation with activities targeting both national and local leaders and influencers. Activities were implemented regularly in the form of meetings, orientation and training sessions, participatory training workshops and site visits from high-level officials.

RH education through youth volunteers. The energy and dynamism of youth gave them a central role in the project. Although the youth-to-youth method of providing reproductive health information is more widely used in other projects, the less tapped youth-to-adult approach worked in this project for the following reasons: Youth volunteers were strongly supported by the community groups and leaders who encouraged the community to accept and listen to them. The youths were well trained, dedicated and committed to their roles as health promoters and change agents. Youth volunteers were selected on the basis of well-defined criteria, and were mainly young adults above 20 years old. The community found them to be capable communicators and sources of useful and accurate information on reproductive health issues. It was also found that non-monetary incentives for youth volunteers (e.g. assistance in setting up income-generating activities) were necessary in minimizing dropout rates.

Development of community youth centres. Both project sites opened Youth Information Centres (YICs) located within the community health centres. YICs functioned as training hubs for youth volunteers and as information sources on reproductive health. The centres have become popular for many reasons. They are run by youths for youths. They combine information services with entertainment. They open at convenient hours and locations. They allow young people to meet and socialize with their peers in a safe and supportive environment. They also allow youths to seek reproductive health advice and counseling in a friendly and non-judgemental manner.

As a result of the project’s success, the process piloted in Myanmar is now being scaled up. As of mid 2004, UNFPA opened ten more YICs, and six more were to be opened.


Based on the Myanmar experience, here are some guidelines to help managers of community-based adolescent reproductive health (ARH) projects.

Do’s and Don’ts of implementing an ARH project

- Do ensure adequate support from community leaders by conducting advocacy activities at the initial stage of implementation.
- Do not spend too much time on preparatory activities (Preparatory activities that can be done fairly quickly are: selecting project sites; baseline survey; assessing local networks and organizations; and identifying project partners and roles).
- Do use baseline data to develop project strategy and activities. (Example: If baseline data showed that young men know about condoms, but only 30 per cent know how to use them correctly, then they need more information on “how to,” rather than “what they are.”)
- Do set realistic objectives.
- Do take time to train health service staff and community volunteers adequately.
- Do conduct both basic and refresher training of community volunteers to constantly update their knowledge and skills.
- Do use monitoring data to improve project implementation activities.
- Do conduct project evaluation to check if the project had achieved its objectives.
- Do not assume that behavioural changes have occurred just because all the project’s activities have been implemented.

ANY INDONESIAN youths study in a pesantren—a special Islamic boarding school where the curriculum is based on religious teachings. In such a school, reproductive health topics are studied as part of the fiqh (the interpretation of God’s will by religious leaders), but discussions are limited to a religious perspective and materials are incomplete. For that reason, the “Adolescent Sexual and Reproductive Health and Right (ASRHR) Programme in Pesantren” was implemented by the Indonesian Planned Parenthood Association (IPPA) with the support of the German Federal Ministry of Economic Cooperation and Development (BMZ).

Is a comprehensive reproductive health education and service accessible for students of special Islamic schools?

The programme shows how it was done in 10 pesantrens of Lampung and South Kalimantan provinces from 2003 to 2004.

The first of two strategies was to develop youth-friendly services for the santri—the student of a pesantren. A youth centre was designed according to youth preferences without foregoing Islamic nuances. This ensured that the youth would feel at home and comfortable to express their creativity in such a setting. Activities in the centre were based on the needs assessment conducted early in the programme. Services were provided by skilled staff—‘‘friendly,’’ not prone to lecturing, compassionate and able to keep secrets.

Peer educators were trained to deliver reproductive health materials and information to the santri. Various informative and creative materials on ASRHR were developed with the input of the youth. Some materials produced in this programme were integrated into school learning activities such as lectures and book reviews. Basic health (particularly personal hygiene and environmental health) was found to be an accepted entry point for introducing the ASRHR materials.

Health clinics with trained medical staff were also established within the pesantrens, resulting in greater access to health services and increased health awareness among the youth.

The other equally important strategy of the programme was to conduct advocacy meetings to raise programme awareness and gain support from the community, including the religious leaders. Consequently, the Religious Affairs Department, which is in charge of the pesantren, offered its full involvement throughout the programme. Likewise, the Health Department extended help in the form of facilities, permits for health services, and a referral system with other service points nearby.

In the end, the programme did not just increase Moslem youths’ access to reproductive health information and services. It also enhanced their skills in IEC activities, library use and communication; and created positive attitude and behaviour pertaining to healthy living and hygiene.

Lessons learned (cont’d)

For three years (2001-2003), the approach was pilot-tested in two sites (Kamasakit, Dallah Township and Sarmalauk, Nyaungdone Township), giving rise to a number of community-operated youth centres. The lessons from these pilot tests were described in a new publication by the UNFPA Country Technical Services Team in Bangkok.

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Gender Lens to Create Curriculum and Textbooks Free of Gender Bias

This checklist highlights 13 questions for consideration. Some of these are: female to male balance of material developers as well as students included in the pilot testing; gender sensitivity of textbook content and language; accessibility of products to both sexes; and availability of gender sensitivity training for teachers of the new curriculum.

**Sex distribution in curriculum development**
- Is the steering committee composed of equal numbers of women and men who are gender sensitive?
- Will the needs assessment equally involve boys and girls so that needs and interests of both are identified?
- Are the subject experts in each subcommittee properly trained in gender sensitization?

**Content and language**
- Do the topics and outline of the curriculum and learner materials fulfill the needs of boys and girls?
- Do the topics and outline of the teacher materials meet the needs of female and male teachers?
- Are gender issues taken into consideration in the workshops in which experts agree on the content of the curriculum and materials?
- Are the writers and artists gender-sensitive? Is there a gender balance of authors and artists, if available?
- Are the text, language and pictures free of gender bias?
- Is language gender inclusive?
- Do the exercises and stories feature girls and boys equally and reflect their life experience?

**Gender sensitivity in teacher training**
- Will boys and girls equally relate to the exercise questions?
- Do the roles, responsibilities and activities of girls and boys equally reflect empowerment and decision-making?
- Are the domestic, volunteer and community roles of boys and girls given equal space and value?
- Are girls and boys depicted in photos and graphics with equal frequency and with equal status?
- Will equal numbers of boys and girls be involved in the pilot testing of the curriculum and textbooks?
- Will the members of the final review committee be gender sensitive?

**Accessibility of materials**
- Will the new textbooks be available to all boys and girls?

*This Gender Lens was created in a GENIA workshop of Pakistan government and non-governmental stakeholders in education in 2002.*
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- **Will equal numbers of boy and girl students be involved in the pilot testing of the curriculum and textbooks?**
- **Will the members of the final review committee be gender sensitive?**

#### Gender sensitivity in teacher training
- Will both men and women be trained as lead trainers in the use of the new curriculum materials?
- **Will all female and male teachers of this specific subject be trained to teach the new curriculum in a gender-responsive way?**

#### Accessibility of materials
- **Will the new textbooks be available to all boys and girls?**

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**Student-Teacher interaction:** Teachers try to give equal eye contact and attention to each girl and each boy whether sitting at the back or the front. Boys and girls answer the same number of questions. They are asked a similar mix of easy and difficult questions. Teachers give both boys and girls who are having difficulty answering the same response time and assistance. Teachers require boys and girls to express their own thoughts and use their imagination and analytical abilities. Teachers move about the class and give feedback to each individual student on the work.

**Tasks and responsibilities:** Boys and girls are allocated tasks and responsibilities according to their difficulty or level of responsibility.

**Discipline:** Discipline in the class and on the school grounds makes girls and boys know they are safe, valued and protected from sexual harassment or other forms of violence and humiliation. All students are aware that abusing or mistreating others will not be allowed. Male and female teachers supervise the playground and discipline boys and girls who are bullies, do not share equipment, or disadvantage other children. Play space, activities and equipment are equally shared by girls and boys.

**Playground:** Male and female teachers supervise the playground and discipline boys and girls who are bullies, do not share equipment, or disadvantage other children.

**Use of materials and tools:** Books, computers, calculators, sports equipment, laboratory supplies and vocational equipment are used equally by boys and girls.


### Gender-Responsive Classrooms

In both visible and less obvious ways, classroom environments can favour boys over girls, or the other way around. For instance, it is possible for the class décor to have one sex dominate as heroes, models and leaders; or for a teacher to pay less attention to students of a particular sex. Such gender bias can be eliminated by using this checklist:

- **Class décor:** Posters, pictures, slogans and quotations equally feature male and female characters of equal status and as heroes, leaders and authors. Girls and boys’ work and life experience is reflected in the student story boards, art and displayed work.
- **Class layout:** Boys or girls are not clustered at either the front or the back of the room. Nearly equal numbers of girls and boys sit at the front, where they can hear and focus better, sit near the windows for light and sit near the heat for warmth.
- **Class structure:** Boys and girls are presidents, heads of activity groups, etc. Girls and boys equally share all class and school chores.
- **Student resources:** Teachers facilitate the sharing of textbooks and learning supplies so that all girls and boys have equal access to learning at school. Teachers use their creativity to reduce the stigma felt by poor children who do not have supplies or clothing like their classmates.
- **Playground:** Male and female teachers supervise the playground and discipline boys and girls who are bullies, do not share equipment, or disadvantage other children. Play space, activities and equipment are equally shared by girls and boys.

**IMPACT INDICATORS** refer to effects of a programme on the population:

- Percentage of adolescent births among adolescents
- Percentage of adolescents covered by sex education programmes
- Percentage of maternal deaths among adolescent women

Printed materials and radio lead teens to better grasp of reproductive health

Although exposure to printed materials like booklets and newsletters is limited among Bangladeshi adolescents, those who read them claimed to have a better understanding of messages related to key reproductive health (RH) issues — puberty changes, conception, early marriage and pregnancy, family planning, sexual harassment, STI and HIV/AIDS. This was among the findings of a national baseline survey of 3,686 teens (aged 13 to 19 years) conducted by the Bangladesh Center for Communication Programmes (BCCP) in June 2003.

It was also reported that about a sixth of the sampled adolescents listened to the BCCP-sponsored radio programme, Jante Chai Janate Chai, which deals with adolescence. The listeners were considerably aware of health matters and the availability of services, proving the effectiveness of the programme. Adolescents felt that similar programmes should be introduced nationwide through radio and television.

Although television was a favourite medium, especially in the urban areas, few viewers watched health-related programmes. More popular in rural areas, radio programmes allowed listeners to receive sensitive information in private. Read by a third of the sampled adolescents, newspapers and magazines were popular to those with higher education.

The report further revealed a mismatch between the adolescents' perceived ideal age of marriage (18 for girls) and actual marrying age (14 to 15 for girls). Many adolescents knew about the use of condoms in family planning and as protection against HIV/AIDS, yet they knew little about STDs (5.2 per cent of males and 4.0 per cent of females), its mode of transmission, symptoms or protection against it. Traditional methods of contraception were still followed, especially in the rural areas. Friends, peers, in-laws and relatives were the main providers of RH education, while local health personnel were the major agents for treatment of reproductive health problems. On the whole, adolescents’ knowledge about reproductive health was found to be poor. Thus, the major objective of BCCP’s programme was to encourage adolescents to discuss reproductive health matters candidly and ultimately convince them to utilize available health services.

Source: Mohammad Shahjahan
Bangladesh Center for Communication Programs

RESEARCH STUDY in rural Bageshwar of Uttaranchal concludes with the need to equip adolescents with life skills for making informed choices, responsible parenthood, and negotiation. The study also called to focus on the health, education, employment and protection of human rights of adolescents. Reproductive health, in particular, was identified as a special concern area for adolescents.

About a third of the adolescents (aged 10 to 19) in the district were not even aware about the different life stages, particularly adolescence. Some learned about the changes experienced during adolescence primarily from friends, books and families. In their current life stage, almost all faced emotional uncertainties such as loneliness, lack of affection, lack of confidence and stress.

More than half of the adolescents were unaware of reproductive rights and responsibilities. Three out of four felt left out in decision-making within the family. Contrary to the actual situation in the villages, nearly all were supportive of a small family size.

Despite high awareness levels of HIV/AIDS, a majority of respondents were ignorant about the mode of HIV infection.

Suggested activities that could respond to the research findings included:

• Community awareness intervention (for mothers, leaders and other gatekeepers) to support adolescent-targeted reproductive health programmes.
• Reproductive health care programmes for adolescent girls to protect themselves from unwanted pregnancies, unsafe abortions, HIV/AIDS/STDs and drug addiction.
• Programmes on income generation, gender sensitization and value formation for adolescents.
• Adolescent youth clubs.

Source: Research study on need assessment of adolescents in Bageshwar District. (2004.) State Resource Centre (Adult Education), Uttarakhand, India

First nationwide survey on youth reproductive health releases key findings

The first nationally representative survey of youth (aged 15 to 24) in India was conducted in December 2004 among 1,815 women and 2,341 men from 15 provinces. The survey sampled adolescents, those who were married by the age of 24 or younger. Most respondents think decisions about whom to marry should be made by adolescents alone, without major interference from parents.

The perceived ideal number of children was three, reflecting that the small family norm has been internalized. Most respondents thought this decision on family size should be shared by both husband and wife.

Drinking alcohol was not very popular, particularly for women. Drug use was at eight per cent for men and less than one per cent for women.

The survey stressed giving special attention to adolescents who are neither working nor going to school (21 per cent of women, 13 per cent of men).

Source: Eddy Hasni, Director of Adolescent and Reproductive Rights Protection, BKKN, Jakarta
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Bangladesh

India

RESEARCH STUDY in rural Bageshwar of Uttarakhand concludes with the need to equip adolescents with life skills for making informed choices, responsible parenthood, and negotiation. The study also called to focus on the health, education, employment and protection of human rights of adolescents. Reproductive health, in particular, was identified as a special concern area for adolescents.

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In general, more men than women think that women should be married by the age of 24 or younger. Most respondents think decisions about whom to marry should be made by adolescents alone, without major interference from parents. Most adolescents who are neither working nor going to school (21 per cent of women, 13 per cent of men).

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The virginity of a woman was highly regarded by both sexes, and acceptance of premarital sex was low. Less than one per cent of women and five per cent of men admitted to having had premarital sex. Four in ten men did it out of liking for their partner and three in ten, out of curiosity.

Less than a third of the youth were knowledgeable about the fertile period, but knowledge of contraceptive methods was widespread. More than 80 per cent intended to use a family planning method in the future. One in four women said family planning services should be provided even to unmarried adolescents — a practice that is not done under the current national family planning programme.

In general, more men than women think that women should be married by the age of 24 or younger. Most respondents think decisions about whom to marry should be made by adolescents alone, without major interference from parents.

The perceived ideal number of children was three, reflecting that the small family norm has been internalized. Most respondents thought this decision on family size should be shared by both husband and wife.

Drinking alcohol was not very popular, particularly for women. Drug use was at eight per cent for men and less than one per cent for women.

The survey stressed giving special attention to adolescents who are neither working nor going to school (21 per cent of women, 13 per cent of men).

Source: Research study on need assessment of adolescents in Bageshwar District. (2004.) State Resource Centre (Adult Education), Uttarakhand, India

Indonesia

First nationwide survey on youth reproductive health releases key findings

THE FIRST NATIONALLY representative survey of youth (aged 15 to 24) was conducted among 1,815 women and 2,341 men from 15 provinces. Here are the key findings:

• The most significant difference in HIV/AIDS knowledge was by respondent’s education: Nine in 10 women with secondary education believed it was avoidable, but only two in 10 of those with lower education had the same belief.

• Television was the most popular media among the respondents. In fact, it is through television that eight in 10 have heard about HIV/AIDS. Teachers were also significant information sources for reproductive health, but this did not seem true of health professionals or service providers and religious leaders.

• The virgity of a woman was highly regarded by both sexes, and acceptance of premarital sex was low. Less than one per cent of women and five per cent of men admitted to having had premarital sex. Four in ten men did it out of liking for their partner and three in ten, out of curiosity.

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Source: Eddy Hasmi, Director of Adolescent and Reproductive Rights Protection, BKBN, Jakarta
Protective family life delays substance use and premarital sex among adolescents

PROTECTIVE childhood family characteristics, such as growing up with two parents, not having frequent quarrels in the family, and having close relationships with parents lowered the probability of early initiation of substance use (smoking or drinking) and premarital sex among adolescents (aged 15 to 19). The initiation of substance use was also linked with most of the indicators of transition to adulthood, such as leaving school and leaving the parental home.

In this four-country study published in the Asia-Pacific Population Journal (2004), male adolescents with experience in substance use ranged from 30 per cent in Nepal to 78 per cent in Indonesia. The proportions were lower among female adolescents, with 7 per cent in Indonesia to 28 per cent in Thailand. In the four countries, less than 5 per cent of female adolescents had experienced premarital sex. The incidence of premarital sex among male adolescents ranged from 7 per cent in Indonesia to 28 per cent in Thailand. In the four countries, less than 5 per cent of female adolescents had experienced premarital sex.

The initiation of substance use increased with factors, such as urban exposure and high level of mother’s education. Religiously active adolescents in the Philippines and Thailand had a low probability of initiating substance use or premarital sex. Having initiated substance use increased the probability of initiating premarital sex during adolescence in the Philippines and Thailand.


Thailand
Kanchanaburi study provides first comprehensive picture of Thai adolescents

A N INTERNATIONAL TEAM of social scientists has come up with the first comprehensive research of Thai adolescent lives across five realms – household economy, education, health, work and leisure. Qualitative data were analysed to explore adolescent lives, the transition to adulthood, and how migration has wrought new pressures and changed social and economic activities.

The research team employed focus group interviews on 15- to 24-year-olds, their parents and community leaders in four sites of Kanchanaburi province: Wang Krajaj, Seritham, Phu Noi and Kraengrabend.

Peer networks, families and images of modernity conveyed through the media and the market were among the social influences identified by the report. The interviews also revealed that although parents recognized their existence, community organizations did not fulfill their expected social function for Thai adolescents.

The findings provided alarming statistics about the conditions that give rise to growing youth violence, HIV/AIDS infection rates among youth, and the relatively limited improvement in secondary school enrolment and completion rates among Thai youth. The report concluded that interventions must be designed to strengthen intergenerational relations, link youth networks to community organizations, and create holistic youth programmes. In general, the research recommended programmes that strengthen both human and social capital to establish a social safety net for Thai youth and create pathways for successful transitions to adulthood.

Policy recommendations

1. Expand secondary and tertiary schooling opportunities for all youth, and ensure the safety of youth when traveling to schools and within school environments. Teachers and peers in school represent positive social capital and valuable networks.
2. Develop sex education curricula or materials for all youth for implementation in schools, workplaces, and leisure settings.
3. Develop youth-based social activities that direct their energies and enhance their money management, life skills and civil society orientation.
4. Rebuild family ties between parents and children to foster communication and respect via materials and strategies for effective parenting in a modern era and via community-based, social and economic interventions for youth.


Right to Decide

RIGHT TO DECIDE is a web initiative on reproductive and sexual rights and health. It is an off-shoot of the conference "Cairo and Beyond: Reproductive Rights and Culture" held in March 2004, Amsterdam.

The site comprises three themes: ReproductiveRights, YouthandConflict. Each features policy development, practices and documents from different organizations and sources. Links to organizations focusing on reproductive health and youth are available. Facts and figures on the global situation (contributed primarily by UNFPA) are also accessible.

The site supports a forum for sharing best practices and exchanging views. Global news and the latest events on reproductive rights are reported.

Voices of Youth

INKED TO UNICEF’s main site (www.unicef.org), Voices of Youth brings young people together to learn more, say more and do more about the world they live in. The site also connects youth to world leaders.
Photo credit: Lichelle Carlos

RESEARCH BRIEFS

Philippines and Thailand.

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Indonesia, Nepal, Philippines, Thailand

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Voices of Youth deals with issues concerning human rights and social change. Poverty, conflict and HIV/AIDS are among the most widely discussed topics.

The three sections of the site are devoted to exploring, speaking out and taking action.

The “Explore” area tackles HIV/AIDS issues as well as commercial sexual exploitation. It features real-life stories and action plans to ensure a protective living environment for children. Law and enforcement, policy and services are highlighted.

The web site’s multilingual discussion forums (in English, French and Spanish) facilitate global communication among young people.

Pages under “Take Action” suggest steps for creating change: conducting research and choosing an appropriate approach; getting organized through team building; brainstorming and planning; and proper communication. A sample fund-raising proposal and some good practices are also highlighted in this section.

Funded by the Italian National Committee for UNICEF, this web site is a knowledge resource and advocacy tool on the issue of young people and HIV/AIDS. It provides tools for developing HIV/AIDS global and national policies, programmes and investment strategies specifically for the young.

This site includes basic information on cases of young people struggling with the disease, vulnerable groups, awareness level and epidemiological data by country and region.

For the latest events, browse the “Get Involved” section of the site. To download publications and news clippings, visit the “Tools” section.

Statistical data derived from the most recent global reports by UNICEF, UNAIDS and UNDP are accessible, including over 200 indicators from 195 countries and regions. The Kaiser’s Daily HIV report is available too.

The web site is also supported by the Kaiser Family Foundation, BBC World Service Trust and UNAIDS.

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